Screening, Brief Intervention (SBI)

and New HCPCS (Medicaid) Codes

Bertha K. Madras, PhD
Deputy Director, Demand Reduction
White House Office of National Drug Control Policy

ONDCP Demand Reduction Priorities

- Prevent drug use
- Intervene with drug users
- Heal America's drug users

Substance Abuse

Public Health Challenges and Solutions

- **Public Health Challenges**
- **Public Health Solutions**
- **Support for SBI**
- **What You Can Do**

Substance Abuse Challenges from *in Utero* to Old Age

Prenatal exposure to drugs: linked to premature delivery, low birth weight, developmental challenges

Children of drug using parents: can experience neglect, abuse, exposure to drug culture and to toxic chemicals

Adolescent drug use: associated with poor academic grades, injuries, risky behaviors, overdose, violence, delinquency, crime, and high potential for addiction

Adult drug use: associated with injuries, accidents, violence, overdose, reduced work performance, higher error rates, absenteeism, and high turnover

Elderly drug use: associated with compromised health, accidents, poor hygiene, and fewer resources

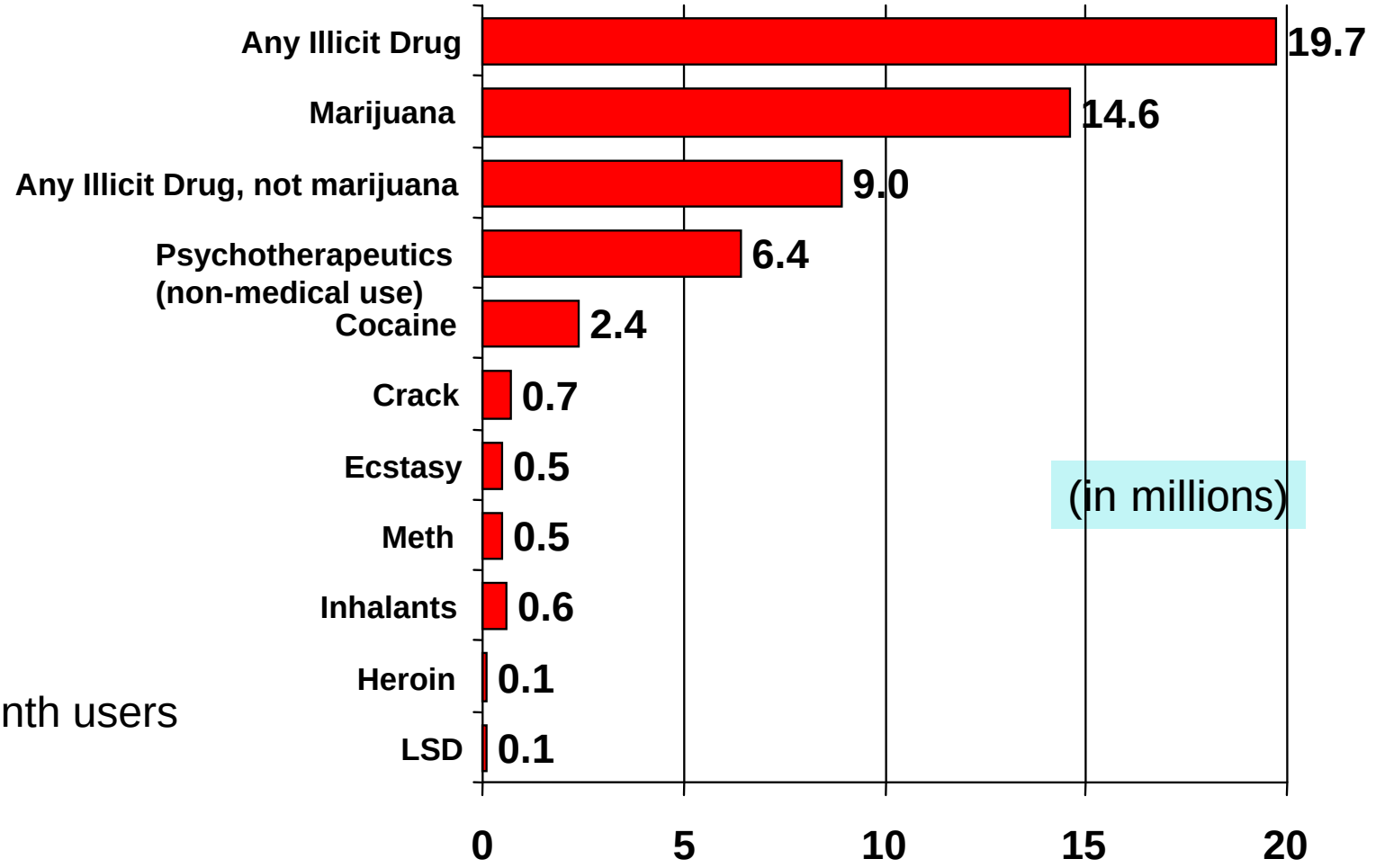
Substance Abuse Challenges: Medical Consequences

Substance abuse is a leading cause of illness and death in our nation. It can:

- Lead to unintentional injuries and violence.
- Exacerbate medical conditions (e.g. diabetes, hypertension, sleep disorders).
- Exacerbate neuropsychiatric disorders (e.g. depression, sleep disorders).
- Induce medical diseases (e.g. stroke, dementia, hypertension, cancers).
- Induce infectious diseases and infections (e.g. HIV, Hepatitis C).
- Affect the efficacy of prescribed medications.
- Be associated with abuse of prescription medications.
- Result in low birth weight, premature deliveries, and developmental disorders.
- Result in dependence, which may require multiple treatment services.

Conclusion: Substance abuse has a major impact on public health

Substance Abuse Challenges:
19.7 Million Americans Are Current* Users of Illicit Drugs

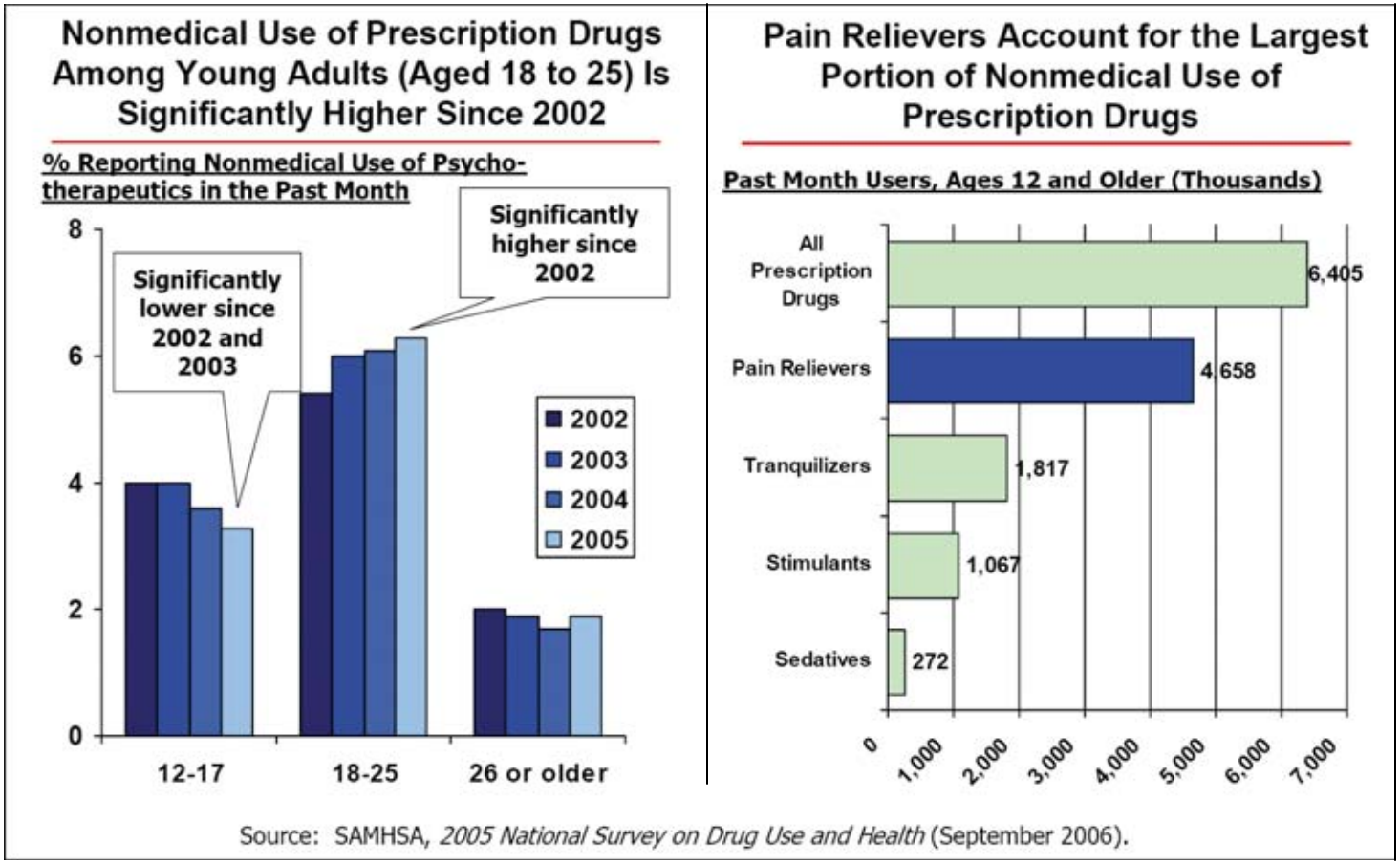


*past month users

Source: SAMHSA, 2005 *National Survey on Drug Use and Health* (September 2006).

Substance Abuse Challenge:

Non-Medical Use of Psychotherapeutics



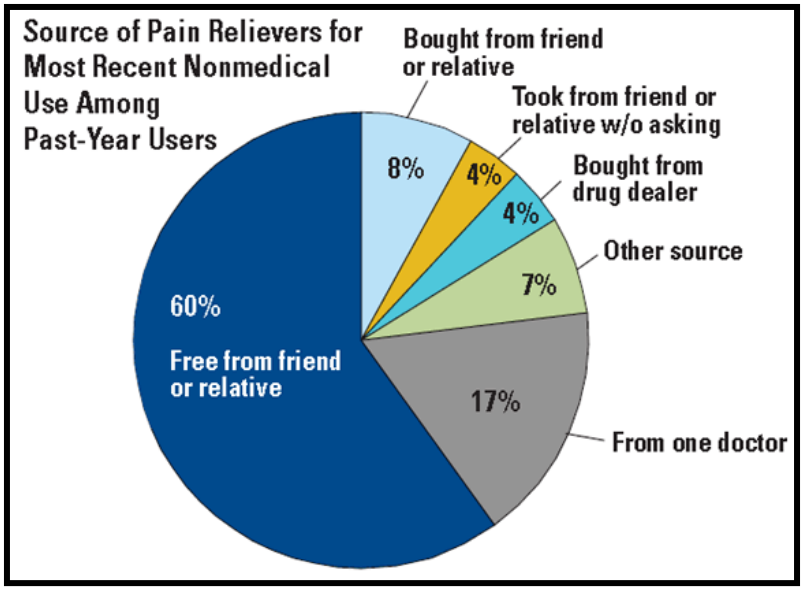
Conclusion: Increase in non-medical use of prescription drugs among 18 – 25 year olds since 2002. Non-medical use of opioid analgesics is most significant contributor to the problem.

Substance Abuse Challenge:

Prescription Drug Sources: Primarily Friends or Family

Sources of Opioid Pain Relievers Used Non-Medically

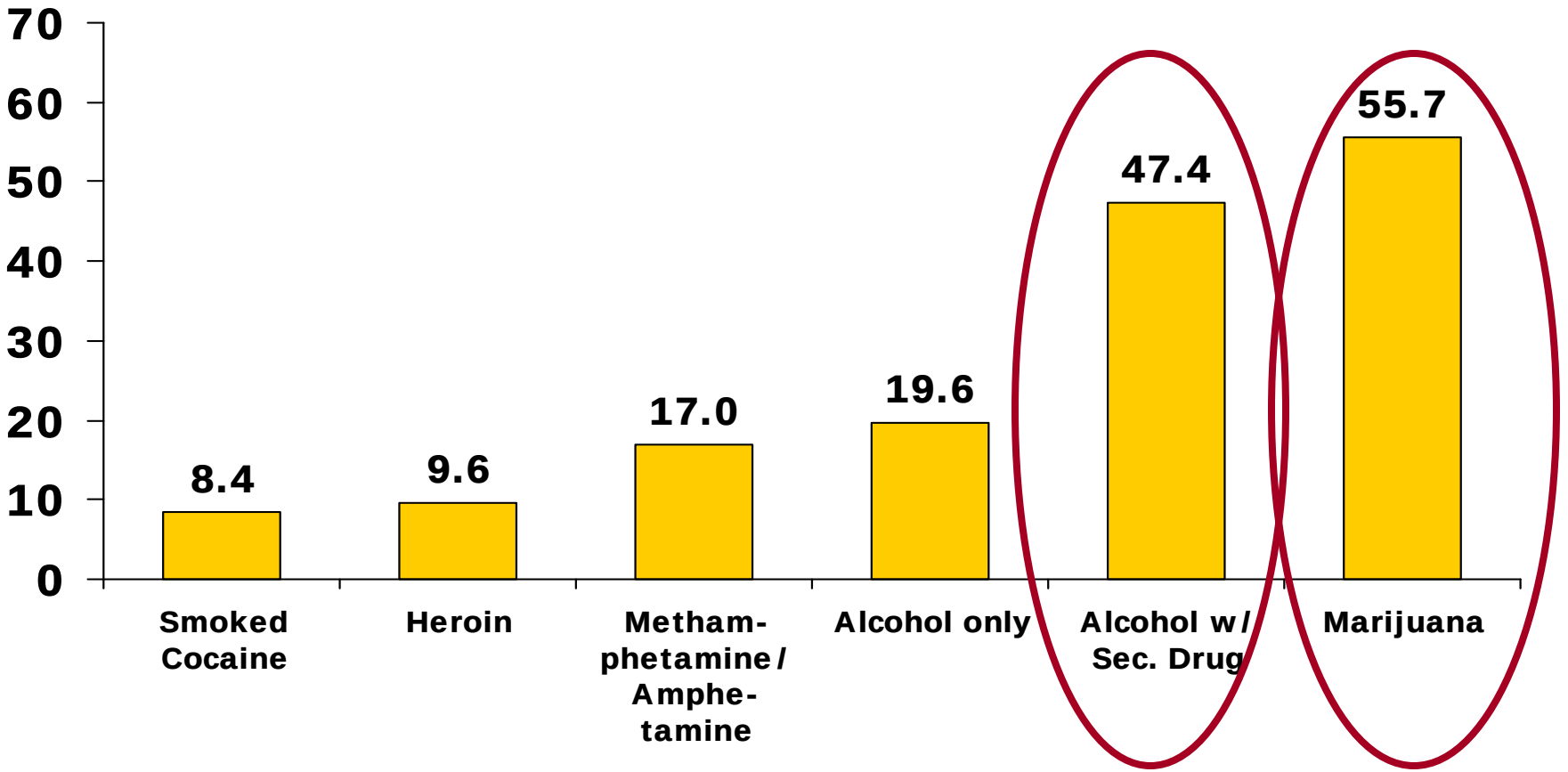
(Accounts for 73% of prescription drug abuse)



Source: SAMHSA, 2005 National Survey on Drug Use and Health, September 2006

Substance Abuse Challenge: Early Onset of Use and Dependence

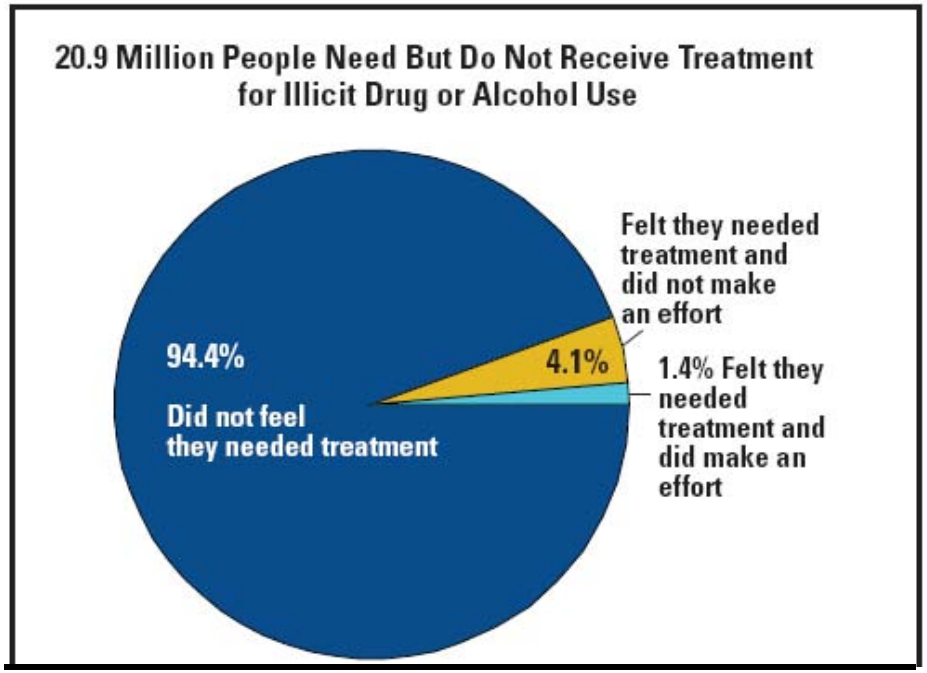
Percent of people in treatment who first used substance before age 15



Conclusion: Dependence is a higher risk if use begins before age 15

Source: SAMHSA, *2004 Treatment Episode Data Set*.

Public Health Challenge



Conclusion: The vast majority of people with a diagnosable illicit drug or alcohol disorder are unaware of the problem or do not feel they need help.

Source: SAMHSA, 2005 *National Survey on Drug Use and Health* (September 2006).

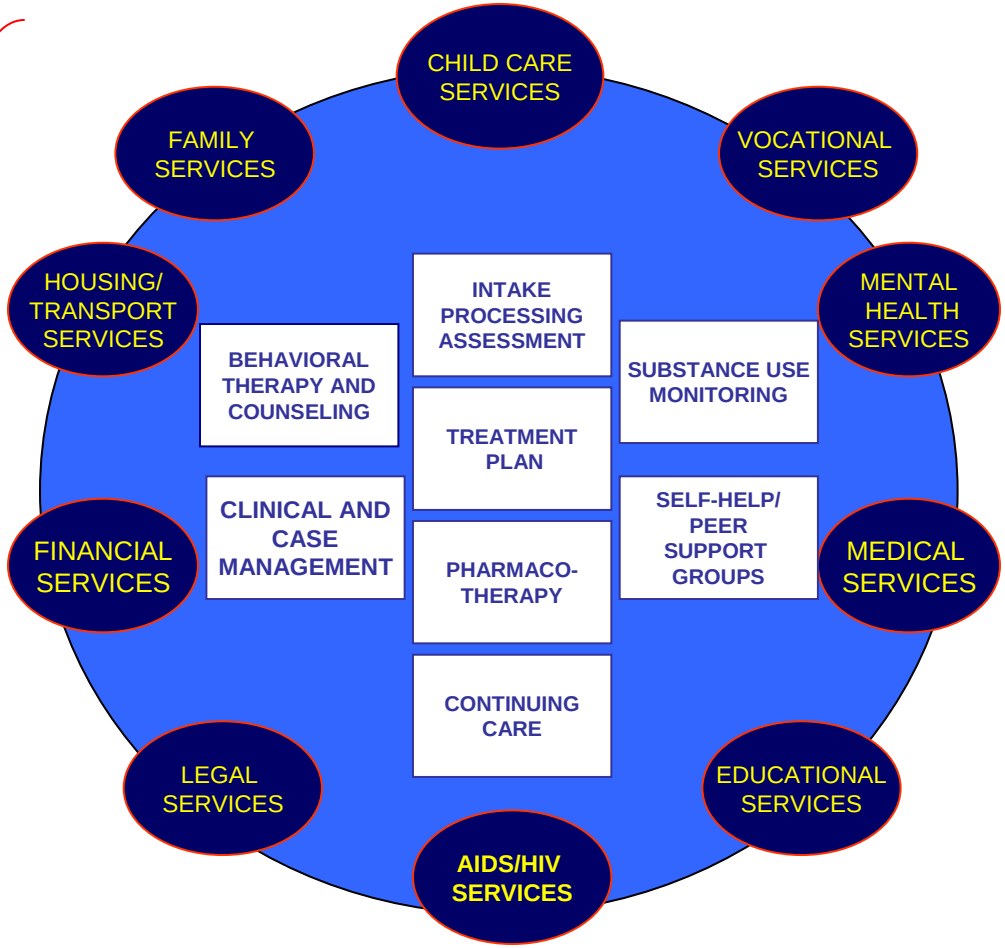
Interrupting Progression to Dependence Can Reduce Need for Treatment and Recovery Services

Use

↓

Abuse/Dependence →

Treatment services



Source: NIDA

A Public Health Solution: Screening, Brief Intervention (SBI)

Substance abuse leads to significant ***medical***, social, legal, financial consequences.

Excessive drinking, illicit drug use, and prescription drug misuse are often undiagnosed by medical professionals.

Treatment GAP
Why SBI?

The brief intervention itself is inherently valuable, and positive screens may not require referral to specialty treatment.

Early, brief interventions are clinically effective and cost-efficient.

Definitions of Screening, Brief Interventions, and Brief Treatments

Screening: Brief questionnaire yields a score that identifies and quantifies substance abuse and associated problems.

Brief Intervention (BI): Give feedback about screening results, inform patient about consuming substances, advise on change, assess readiness to change, establish goals, strategies for change, and follow-up.

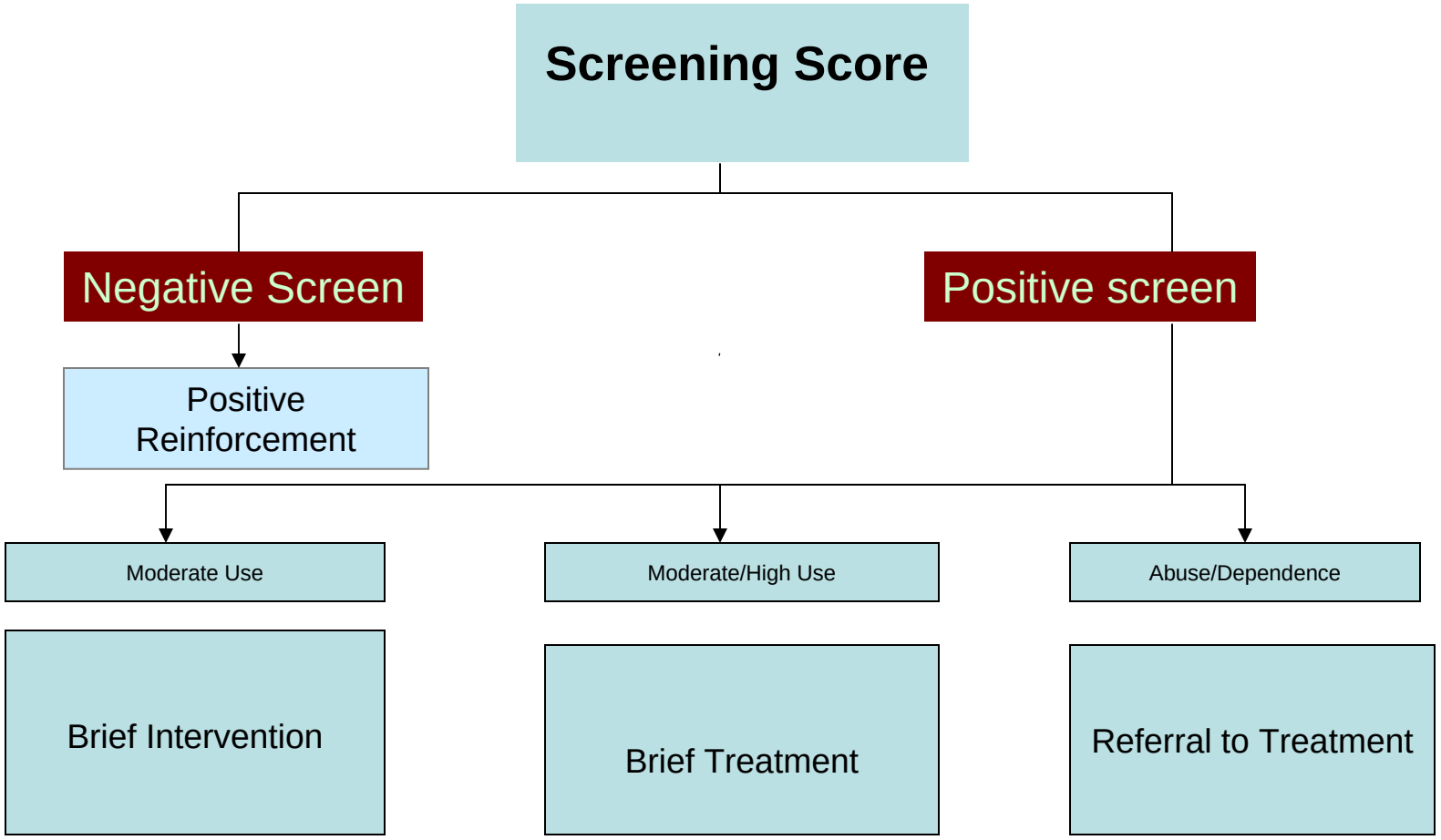
Brief Treatment (BT): Enhanced level of intervention with more than one session.

Referral (RT): Referral to treatment for substance abuse or dependence.

Source: SAMHSA. A Guide to Substance Abuse Services for Primary Care Clinicians TIP Series No. 24 (1997)

SBI Procedures:

Follow-up Action Depends on Score



Screening and Brief Interventions in Healthcare Settings Work

SBI can have a Major Impact on Public Health

Substance abuse

SBI may reduce alcohol use significantly

Morbidity and mortality

SBI for alcohol reduces accidents, injuries, trauma, emergency dept visits, depression

Health care costs

Studies have indicated that SBI for alcohol saves $2 - $4 for each $1.00 expended

Other outcomes

SBI for alcohol may reduce work-impairment, reduce DUI, improve neonatal outcomes

References provided in subsequent slides

Screening, Brief Interventions for Alcohol:
Major Impact of SBI on Morbidity and Mortality

Study	Results - conclusions	Reference
Trauma patients	48% fewer re-injury (18 months) 50% less likely to re-hospitalize	Gentilello et al, 1999
Hospital ER screening	Reduced DUI arrests 1 DUI arrest prevented for 9 screens	Schermer et al, 2006
Physician offices	20% fewer motor vehicle crashes over 48 month follow-up	Fleming et al, 2002
Meta-analysis	Interventions reduced mortality	Cuijpers et al, 2004
Meta-analysis	Treatment reduced alcohol, drug use Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)	Burke et al, 2003
Meta-analysis	Interventions can provide effective public health approach to reducing risky use.	Whitlock et al, 2004

Screening, Brief Interventions for Alcohol: Saves Healthcare Costs

Study	Cost Savings	Authors
Randomized trial of brief treatment in the UK	Reductions in one-year healthcare costs *$2.30 cost savings for each $1.00 spent in intervention*	(UKATT, 2005)
Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of *nondependent alcohol misuse*	Reductions in future healthcare costs *$4.30 cost savings for each $1.00 spent in intervention (48-month follow-up)*	(Fleming et al, 2003)
Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (>700 patients).	Reductions in medical costs *$3.81 cost savings for each $1.00 spent in intervention.*	Gentilello et al, 2005)

SBI Could Have a Major Impact on Public Health

There are grounds for thinking SBI may:

- stem progression to dependence.
- improve medical conditions exacerbated by substance abuse.
- prevent medical conditions resulting from substance abuse or dependence.
- reduce drug-related infections and infectious diseases.
- improve response to medications.
- identify those at higher risk of abusing prescription drugs.
- identify abusers of prescription drugs or OTC drugs.
- have positive influence on social function.

Reduction in Substance Abuse May Improve Overall Health

A few examples:

- Diabetes and alcohol: Howard AA, Arnsten JH, Gourevitch MN. Effect of alcohol consumption on diabetes mellitus: A systematic review. *Ann Intern Med*. 2004;140:211-9.
- Diabetes and cocaine: Active use of cocaine: an independent risk factor for recurrent diabetic ketoacidosis in a city hospital. Nyenwe EA, Loganathan RS, Blum S, Ezuteh DO, Erani DM, Wan JY, Palace MR,Kitabchi AE. Endocr Pract. 2007 Jan-Feb;13(1):22-9.
- Cardiomyopathy and methamphetamine: The association of methamphetamine use and cardiomyopathy in young patients. Yeo KK, Wijetunga M, Ito H, Efird JT, Tay K, Seto TB, Alimineti K, Kimata C, Schatz IJ. Am J Med. 2007 Feb;120(2):165-71.
- Stroke and cocaine or amphetamine: Stroke in young adults who abuse amphetamines or cocaine: a population-based study of hospitalized patients. Westover AN, McBride S, Haley RW. Arch Gen Psychiatry. 2007 Apr;64(4):495-502.
- Hypertension and alcohol: McFadden CB, Brensinger CM, Berlin JA, Townsend RR. Systematic review of the effect of daily alcohol intake on blood pressure. *Am J Hypertens.* 2005;18:276-286.
- Depression and alcohol: Sullivan LE, Fiellin DA, O'Connor PG. The prevalence and impact of alcohol problems in major depression: a systematic review. *Am J Med*. 2005;118:330-341.
- Depression and marijuana: Hayatbakhsh MR, Najman JM, Jamrozik K, Mamun AA, Alati R, Bor W. Cannabis and anxiety and depression in young adults: a large prospective study. Am Acad Child Adolesc Psychiatry. 2007 Mar;46(3):408-17.
- Sleep Disorders and alcohol: Stein MD, Friedmann PD. Sleep disturbance and its relationship to alcohol use. *Subst Abuse.* 2006; 26:1-13.
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- Chronic pain, addiction, opiates: Martell BA, O'Connor PG, Kerns RD, Becker WC, Morales KH, Kosten TR, Fiellin DA. Opioid treatment for chronic back pain: a systematic review and meta-analysis of their prevalence, efficacy and association with addiction. *Ann Intern Med*. 2007; 146: 116-127.
- Prevalence of medical conditions and costs of substance abuse disorders: Mertens JR, Weisner C, Ray GT, Fireman B, Walsh K. Hazardous drinkers and drug users in HMO primary care: prevalence, medical conditions, and costs. *Alcohol Clin Exp Res*. 2005;29:989-998.
- Birth outcomes: Prenatal care and substance abuse treatment: Sweeney PJ, Schwartz RM, Mattis NG, Vohr B. The effect of integrating substance abuse treatment with prenatal care on birth outcome. *J. Perinatology* 2000; 4:219-224.
- Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: comparison to matched controls. Mertens JR, Lu YW, Parthasarathy S, Moore C and Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: comparison to matched controls. *Arch Intern Med*. 2003;163:2511-7.

SBI Procedures May Be Reimbursable

- **New Level II HCPCS Codes:** (Medicaid services) Centers for Medicare and Medicaid Services published two new HCPCS procedure codes effective January 2007.
- **The Federal Government:** has calculated its contributions to reimburse for use of the State Medicaid codes.
- **States:** can choose to adopt the Medicaid Codes and reimburse for the procedures.
- **Alphanumeric Codes:**
  - H0049 Alcohol/Drug Screening – Alcohol and/or Drug Screening
  - H0050 Alcohol/Drug Service 15 min – Alcohol and/or Drug Service, Brief Intervention, per 15 minutes

Support for SBI is Growing

- **Accreditation Council for Continuing Medical Education (ACCME):** is highlighting SBI as an example of how providers of continuing medical education can meet or exceed ACCME's new accreditation standards for courses.
- **American College of Surgeons:** requires Level I Trauma Centers to produce evidence of alcohol SBI as part of verification process.
- **The US Preventive Services Task Force (2004):** recommended screening and behavioral counseling for all adults, including pregnant woman, in the primary care settings.

What Can You Do?

- Develop or attend CME courses that teach SBI.
- Implement SBI in your healthcare system.
- Develop an electronic record system for SBI.
- Work with your State to implement the HCPCS Level II (Medicaid) codes for SBI.
- Incorporate SBI training into medical education and continuing medical education.
- Disseminate SBI in healthcare settings throughout hospitals, clinics, and other community-based healthcare systems.
- Help change the burden of substance abuse in your community.

Where Can You Receive Training?

SAMHSA/ACS SBI Training Sessions

• Seattle	March 15
• Denver	April 12
• Dallas	May 4
• Chicago	June 5
• Washington DC	June 15
• Boston	July 12
• Los Angeles	July 26
• Philadelphia	August TBD
• Atlanta	September 11
• Las Vegas	September 27

Future dates are tentative. For information about the sessions visit SAMHSA's SBIRT website: **www.sbirt.samhsa.gov**

Thank you….

With gratitude to Federal partners (SAMHSA, NIDA, NIAAA, CMS), ACCME, AMA and medical professionals who have advanced these concepts.